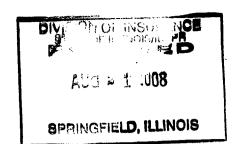
4.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



Company's premium or rate level produced by rate revision

1GEI	eneenve 10/09/2008	•	
	(1)	(2) Annual Premium	(3) Percent
_	Coverage	- Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2	Automobile Physical Damag Private Passenger Commercial		•
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	, ,	
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Commercial Excess Liab. Life of Insurance	5,081,644	3.0
•	Does filing only apply to certa Classes? If so,	ain territory (territories) or	certain
	specify: NA	<u> </u>	
	Brief description of filing. (If Organization, specify organization):	Revised excess rating	factors, limit pricing factors and
	excess UM/UDM base rates. Adde		ondary class code. Withdrawing
	secondary class code CH from the		
	*Adjusted to reflect all prior re **Change in Company's prer		It from application of new
	rates.	ACHITY A Mutual	Insurance Company
			me of Company
		INal	ine of Company

Diane Udovich, Regulatory Filing Technician

SUMMARY SHEET

Change in Company's premiurevision effective October	m or rate level produced be 23, 2008	by rate
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft		
5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail		
15. Other Landlord's Policy Line of Insurance Does filing only apply to certain If so, specify: No.	\$19,510,012 territory (territories)or	+15.7% certain classes?
Brief description of filing. (If organization, specify organization	n): We are filing a 15.79	n advisory 8 rate level increase ackage Policy Program.
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	vel which will	

Alistate indemnity Company
Name of Company
•
Stephen J. Burbick - State Filings Director
Official - Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective New: 8/7/2008 Renewal: 9/12/2008 .

	(1)	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
	Coverage Automobile Liability Private	volume (minols)	- Change (101-)
	Passenger		
	Commercial		
	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
•	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Commercial Umbrella	\$3,889,248	0.300% (estimated)
•	Life of Insurance	\$3,009,240	0.300% (estimated)
	Classes? If so,	ain territory (territories) o	AUG 0 7 2008
	Brief description of filing. (If t	filing follows rates of an	advisorv
	Organization, specify		
	organization):	Commercial umbrella ra	SPRINGFIELD, ILLINOIS te and rule revision
	*Adjusted to reflect all prior ra **Change in Company's premates.	ate changes. nium level which will res	ult from application of new

Auto-Owners Insurance Company

Name of Company

Jennifer Smith, Assistant Manager, Work Comp, Life & Other Liability Actuarial

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective New 8/7/2008, Renewal 9/12/2008

-	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
ô.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		·
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Executive Umbrella	\$1,832,901	4.8% (estimate)
	Life of Insurance	,	
•	Does filing only apply to certa Classes? If so, specify: No, app	ain territory (territories) or lies to all territories.	certain
	Brief description of filing. (If the Organization, specify	iling follows rates of an a	dvisory
	organization):	Personal umbrella rate an	d rule revision.
	** ** ** ** ** ** ** ** ** ** ** ** **		
	*Adjusted to reflect all prior ra		It from application of new
	**Change in Company's pren rates.	ilum level which will resul	it nom application of new
	rates.	Auto Ownore Incur	ranca Campany

Name of Company

Jennifer Smith, Assistant Manager, Work Comp, Life and other Liability Actuarial

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective December 1, 2008.

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial		
	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	DIVISIO	ON OF INSURANCE E OF ILLINGIS/IDEPR
5.		STAT	CHIVED
	Fidelity		
7.		Α	UG 1 4 2008
8.	Boiler and Machinery		
	Fire	SDDIN	NGFIELD, ILLINOIS
10.	•	SPAII	IGFIELD, ILLINOIS
11.			
	Homeowners		
13.		<u> </u>	· ·
	Crop Hail Other <u>Manufactured Home</u> Line of Insurance	\$532,167	-5.2%
Doe No	s filing only apply to certain territory	/ (territories) or certain clas	sses? If so, specify:
	·		
We	f description of filing. (If filing follow have decided to increase our avera	age premium \$10 for manu	factured home insurance policy
and enh	\$5 for tenant insurance policy to re ancements. Also, we are revising a	cognize the premium valu	e of new coverage

- Adjusted to reflect all prior rate changes.
 Change in Company's premium level which will result from applicable of new rates.

Foremost Insurance Company Grand Rapids, Michigan

Name of Company

David J. Kelly Assistant Vice-President

State Filings

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective December 1, 2008.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial	,	
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	VISION OF INSURANCE	
5.	Glass	VISION OF INSUHAINOSINGERS STATE OF ILLINOISINGERS PECETIVED	
6.	ridelity 1		
7.		AUG 1 9 2008	
8.			
9.		SPRINGFIELD, ILLINOIS	
10.	_ ,	SPRINGFIELD	
11.			
12. 13.			
13. 14.			
	Other _ Manufactured Home Line of Insurance	\$1,278,188	-2.0%
Doe No	s filing only apply to certain territo	ry (territories) or certain clas	ses? If so, specify:
	f description of filing. (If filing follo		
reco	have decided to increase our average the premium value of new orducing several premium modifiers	coverage enhancements. Als	factured home insurance to so, we are revising and

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from applicable of new rates.

> Foremost Property and Casualty Insurance Company Name of Company

> > David J. Kelly Assistant Vice-Presiden

State Filings

SUMMARY SHEET

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	DIVISION OF IN	SUBANCE
4.	Burglary and Theft	STATE OF ILLING	OIS/IDFPR
5.	Glass	- CE	VED
6.	Fidelity	AUG 1 4	2000
7.	Surety		2006
8.	Boiler and Machinery		
9.	Fire	SPRINGFIELD,	ILLINOIS
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other Manufactured Home	\$ 7,223,925	-6.5%
	Line of Insurance		

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
We have decided to increase our average premium \$10 for manufactured home insurance policy and \$5 for tenant insurance policy to recognize the premium value of new coverage enhancements. Also, we are revising and introducing several premium modifiers and endorsements.

- Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from applicable of new rates.

Foremost Signature Insurance Company

Name of Company

David J. Kelly Assistant Vice-President

State Filings

AUG 1 2 2008

Form (RF-3)

SUMMARY SHEET

SPRINGFIELD, ILLINOIS Change in Company's premium or rate level produced by rate revision effective

	<u>(</u>	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.		le Liability		
		Passenger		
_	Commer			
2.		le Physical Damage		
	Commer	Passenger		
2				
3. 4.	Burglary	Other Than Auto		
4. 5.	Glass	and Their		
5. 6.	Fidelity			
7.	Surety			
7. 8.	•	d Machinery		
9.	Fire	a ividenmery		
10.	Extended	Coverage		
11.	Inland Ma	•		
12.	Homeowr	ners		
13.	Commerc	ial Multi-Peril		
14.	Crop Hail	Į.		
15.	Other	Commerical	\$1,618,400.00	21%
		Umbrella		
		Line of Insurance		
~ ((4-with size) which alongood If an amoni	£.,
Does t	iling only ap	oply to certain territory	(territories) or certain classes? If so, speci	iy.
Heav	y Iruck Ira	ctors and Extra Heavy	Truck Tractors	
		0.001 (7.0.01) 0.11		f. anconization):
			ws rates of an advisory organization, speci	

- * Adjusted to reflect all prior rate changes.
- Change in Company's premium level which will result from application of new rates.

Frankenmuth Mutual Insurance Com Name of Company

Jennifer Blehm R&D Associate II

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 09/01/2008

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

AUG 1 2 2008

SPRINGFIELD, ILLINOIS

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)*</u>
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial Liability Other Than Auto Burglary and Theft		
5. 6.	Glass Fidelity Surety		
8. 9.	Boiler and Machinery Fire		
l 1. l 2.	Extended Coverage Inland Marine Homeowners		
14.	Commercial Multi-Peril Crop Hail Other Liquor Liability	\$5,422,841	1.03%
	Line of Insurance Does filing only apply to certain territory (territories) of	or certain classes? If so.	
	specify: No.		
	Brief description of filing. (If filing follows rates of specify organization):	an advisory organization,	
	Illinois Casualty Company is requesting an overall ra	te increase of 1.03% for liquor lia	bility insurance. We
	are basing our request on our own company experien	ce in Illinois. Risks with positive	characteristics (early
	hour of close, low percentage of liquor receipts comp	pared to total receipts, etc) will ger	nerate lower rates. Other
	risks will generate higher rates. These rates are adeq	uate, not excessive, and not fairly	discriminatory.
	*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will a	result from application of new rate	es.
		Illinois Casualty Com Name of Company	

filmg#5294

Anne Thomas, Program Manager Official--Title

SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective: 1/1/09

	(1)	(2)	(3)
	<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary & Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler & Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation		
16.	Other: CPP	\$502,358.00	+2.7%
Does fili If so, sp	Line of Insurance ng only apply to certain territory (territo ecify:	ories) or certain classes? <u>NO</u>	
the ISO	scription of filing. (If filing follows rates filinois Commercial Package Modificials change is to be effective with n	ication Factors under the ISO Re	fy organization): IMT will be adopting evision Designation Number of ML-208 ive January 1, 2009, and later.

IMT Insurance Company Name of Company

^{*}Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate	level produced by rate revision effective	10/01/2008
(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
<u>Coverage</u>	volume (minois)	Change (1 or -)
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		·
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	£24.000	+23.0% (CW)
15. Other <u>Guaranteed Auto Protection</u> Line of Insurance	\$21,988	
With this rates, rules, and forms r program based on a competitive revi Due to the nature of GAP policies, t and thus have no premium impact. vehicle and thus GAP policies are no	he revisions to the rates and rules will no This is because a GAP policy is effect	any proposes to revamp its GAP of affect any existing policyholders ive for the lifetime of the covered
countrywide rate level indication o estimated to be +34.4% based on the	f +25.4%. On a statewide basis, the rate in-force distribution of policies in Illinois redible as the 2007 written premium is \$21	te level impact of the changes is s. The statewide rate level impact,
*Adjusted to reflect all prior rate change **Change in Company's premium level	es. which will result from application of new rates	
	Ohio	Indemnity Company
		Name of Company
	Daniel J. Stephan,	President, OIC Lender Services Official – Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective New 8/7/2008, Renewal 9/12/2008____.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **		
-	Automobile Liability Private	volume (minois)	_ Onlinge (*Or)		
	Passenger				
	Commercial				
	Automobile Physical Damag				
	Private Passenger		•		
	Commercial	***************************************			
	Liability Other Than Auto	***************************************			
	Burglary and Theft				
	Glass				
	Fidelity				
	Surety				
	Boiler and Machinery				
	Fire				
	Extended Coverage				
	Inland Marine				
	Homeowners				
	Commercial Multi-Peril				
	Crop Hail				
	Other Executive Umbrella	\$326,458	4.9% (estimate)		
	Life of Insurance				
	Does filing only apply to certa Classes? If so, specify: No, appl	in territory (territories) or lies to all territories.	certain		
Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Personal umbrella rate and rule revision.					
	*Adjusted to reflect all prior ra	ate changes.	alt from application of now		
	*Adjusted to reflect all prior ra **Change in Company's premates.	ate changes. nium level which will resu Owners Insurance			

Jennifer Smith, Assistant Manager, Work Comp, Life and Other Liability Actuarial

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective New: 8/7/2008 Renewal: 9/12/2008 .

_	(1)	(2)	(3)	
_		Annual Premium	Percent	
	Coverage	Volume (Illinois) *	_ Change (+or-) **	
1.	Automobile Liability Private			
	Passenger			
	Commercial			
2	Automobile Physical Damag			
	Private Passenger		•	
	Commercial			•
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other Commercial Umbrella	\$1,195,410	0.100% (estimated)	
	Life of Insurance			
•			BIVIBIEN	
	Does filing only apply to certa	in territory (territories) or	certain state of Neuen	-
	Classes? If so,		- CENTRE	7
	specify: No, appl	ies to all territories	AUG 0 7 2000	I
		11: f-11 f-n	I COUNT I	
	Brief description of filing. (If f	lling follows rates of an a	advisory See	
	Organization, specify	Commercial umbrella rate	and rule couries	
	organization):	Commercial uniorena rate	SPRINGFIELD, ILLINOIS	
	+A diviste of the reflect of prior re	to changes		

*Adjusted to reflect all prior rate changes.

Owners Insurance Company

Name of Company

Jennifer Smith, Assistant Manager, Work Comp, Life and Other Liability Actuarial

^{**}Change in Company's premium level which will result from application of new rates.